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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)Docket No. (Optional)
AVZ-005CCPA2CN

In re Application of	Rima Kaddurah-Daouk	
Application Number	10/601279-Conf. #6449	Filed
For:	USE OF CREATINE ANALOGUES AND CREATINE KINASE MODULATORS FOR THE PREVENTION AND TREATMENT OF OBESITY AND ITS RELATED DISORDERS	
Art Unit	1614	Examiner
		Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|--|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00 | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 | |

I have enclosed a duplicate copy of this sheet.

- I am the
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | applicant/inventor. |
| <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input type="checkbox"/> | attorney or agent of record. Registration Number _____ |
| <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 52,568. |

January 29, 2004
Date

(617) 227-7400
Telephone Number


Signature

Merideth C. Arnold
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV311018561US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 29, 2004


Signature: Merideth C. Arnold